



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES  
TOTAL RETENTION FACILITIES  
TOTAL RETENTION FACILITIES with LAND APPLICATION  
WASTEWATER BYPASS FORM

RECEIVED

AUG 31 2017

ECLS

DEQ Facility ID: \_\_\_\_\_ Facility Name: Rural Water Sewer County: Pittsburg  
District No. 20

Report all Total Retention Facility and  
Total Retention Facilities with Land Application  
wastewater bypasses to  
DEQ/ Environmental Complaints and Local Services  
within 24 hours at:

1-800-522-0206

Mail or Fax written report including copies of ANY test results  
within 5 days to:

Department of Environmental Quality  
Environmental Complaints and Local Services  
P.O. Box 1677  
Oklahoma City, OK 73101-1677  
Fax No. (405) 702-6226

DEQ notified: 8 25 2017 4:22 ☐ AM ☒ PM  
Month Day Year Time

Period of bypass: From 8 25 2017 12:00 ☐ AM ☒ PM  
To \_\_\_\_\_ ☐ AM ☐ PM  
Month Day Year Time

Type of Bypass: ☐ Pipe ☒ Lagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station

Strength of Bypass ☐ Raw ☒ Partially Treated Amount of Bypass: \_\_\_\_\_

Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☐ pH ☒ None ☐ Other: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: NE corner of Basin 3  
at Lat. 35.21092° Long. -95.53336°

Reason for bypass: Heavy rainfall

Steps taken to prevent recurrence: make repairs to Basin 3 as needed

Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? \_\_\_\_\_

Impact to receiving stream and /or surrounding areas: minimal due to excessive rainfall to area

Steps taken to clean up or treat bypass: Lime was applied to affected area

Reported by: Laci Allen Title: Admin mgr

Signature: [Signature] Date: 8.25.17  
Facility Representative

DEQ EPS USE ONLY:

Type of Contact: ☒ Phone or ☒ Site Visit Date: \_\_\_\_\_ Follow up Site Visit ☐ Date: \_\_\_\_\_

Geographical location of bypass and receiving stream if appropriate: \_\_\_\_\_

Reason for bypass: \_\_\_\_\_

Steps taken to prevent recurrence: \_\_\_\_\_

Impact to receiving stream and/or surrounding areas: \_\_\_\_\_

Steps taken to clean up or treat bypass: \_\_\_\_\_

Corrective action needed: \_\_\_\_\_ Comply by date: \_\_\_\_\_

Reported information confirmed: ☐ Yes ☐ No If no, explain: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

ECLS Representative